HILLVIEW HEALTHCARE CENTER

1615	HTIIOS	22ND	STREET

MILWAUKEE	53204	Phone: (414) 671-6830		Ownership:	Limited Liability Company
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Conj	unction with H	Mospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and Sta	iffed (12/31/03):	78	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity (12/31/03):	87	Title 19 (Medicaid) Certified?	Yes
Number of Resid	dents on 12/31/	03:	63	Average Daily Census:	66

Services Provided to Non-Residents		Age, Gender, and Primary Di	-				8
Home Health Care Supp. Home Care-Personal Care	No No	 Primary Diagnosis	90	Age Groups	8		28.6 36.5
Supp. Home Care-Household Services Day Services	No No	Developmental Disabilities Mental Illness (Org./Psy)	0.0	Under 65 65 - 74	20.6 14.3	More Than 4 Years	23.8
Respite Care	No	Mental Illness (Other)	9.5	75 - 84	33.3	I	88.9
Adult Day Care Adult Day Health Care	No No	Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic	0.0	85 - 94 95 & Over		*************************************	
Congregate Meals Home Delivered Meals	No No	Cancer Fractures	6.3 7.9	 	100.0	Nursing Staff per 100 Resi	idents
Other Meals Transportation	No No			65 & Over 			6.3
Referral Service	No	Diabetes	12.7	Gender	%	LPNs	10.4
Other Services Provide Day Programming for	Yes	Respiratory Other Medical Conditions		 Male		Nursing Assistants, Aides, & Orderlies	38.9
Mentally Ill Provide Day Programming for	No		100.0	Female	60.3	 	
Developmentally Disabled	No	•		İ	100.0	•	to de de de de de de de

Method of Reimbursement

		Medicare			edicaid itle 19			Other			Private Pay	:	:	Family Care			anaged Care	l 		
Level of Care	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	્રે જ	Per Diem (\$)	No.	90	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	90	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	10	100.0	330	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	10	15.9
Skilled Care	0	0.0	0	45	95.7	129	0	0.0	0	2	100.0	160	4	100.0	129	0	0.0	0	51	81.0
Intermediate				2	4.3	108	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	3.2
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende:	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	10	100.0		47	100.0		0	0.0		2	100.0		4	100.0		0	0.0		63	100.0

Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	tions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period		 			% Needing		Total
Percent Admissions from:		 Activities of	90		3	% Totally	Number of
Private Home/No Home Health	10.8	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health					88.9	11.1	63
Other Nursing Homes	2.4	Dressing	19.0		71.4	9.5	63
Acute Care Hospitals	84.3	Transferring	31.7		55.6	12.7	63
Psych. HospMR/DD Facilities			30.2		57.1	12.7	63
Rehabilitation Hospitals	0.0	Eating	82.5		7.9	9.5	63
Other Locations	0.0	*********	*****	*****	******	*****	*****
Total Number of Admissions	83			8	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	7.9	=	iratory Care	11.1
Private Home/No Home Health	13.6			31.7	Receiving Trac		0.0
Private Home/With Home Health	27.2	·		30.2	Receiving Suct	=	9.5
Other Nursing Homes	6.2	·			Receiving Osto	3	3.2
Acute Care Hospitals	32.1	Mobility			Receiving Tube	-	6.3
Psych. HospMR/DD Facilities		Physically Restraine	d	0.0		anically Altered Diets	30.2
Rehabilitation Hospitals	0.0	. <u>,</u> ,			3	-	
<u> =</u>	1.2	•			Other Resident C	haracteristics	
Deaths	19.8	With Pressure Sores		7.9	Have Advance D	irectives	100.0
Total Number of Discharges		With Rashes		0.0			
(Including Deaths)	81				Receiving Psyc	hoactive Drugs	66.7

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

*************	******	****	*****	*****	*****	*****	*****	*****	*****
		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	૪	Ratio	%	Ratio	%	Ratio	8	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	75.2	84.7	0.89	88.1	0.85	86.6	0.87	87.4	0.86
Current Residents from In-County	100	81.8	1.22	88.7	1.13	84.5	1.18	76.7	1.30
Admissions from In-County, Still Residing	30.1	17.7	1.71	20.6	1.46	20.3	1.48	19.6	1.53
Admissions/Average Daily Census	125.8	178.7	0.70	189.9	0.66	157.3	0.80	141.3	0.89
Discharges/Average Daily Census	122.7	180.9	0.68	189.2	0.65	159.9	0.77	142.5	0.86
Discharges To Private Residence/Average Daily Census	50.0	74.3	0.67	75.8	0.66	60.3	0.83	61.6	0.81
Residents Receiving Skilled Care	96.8	93.6	1.03	94.9	1.02	93.5	1.04	88.1	1.10
Residents Aged 65 and Older	79.4	84.8	0.94	91.0	0.87	90.8	0.87	87.8	0.90
Title 19 (Medicaid) Funded Residents	74.6	64.1	1.16	48.6	1.53	58.2	1.28	65.9	1.13
Private Pay Funded Residents	3.2	13.4	0.24	30.8	0.10	23.4	0.14	21.0	0.15
Developmentally Disabled Residents	0.0	1.1	0.00	0.4	0.00	0.8	0.00	6.5	0.00
Mentally Ill Residents	28.6	32.2	0.89	31.3	0.91	33.5	0.85	33.6	0.85
General Medical Service Residents	4.8	20.8	0.23	24.1	0.20	21.4	0.22	20.6	0.23
Impaired ADL (Mean)	39.7	51.8	0.77	48.8	0.81	51.8	0.77	49.4	0.80
Psychological Problems	66.7	59.4	1.12	61.9	1.08	60.6	1.10	57.4	1.16
Nursing Care Required (Mean)	8.5	7.4	1.15	6.8	1.25	7.3	1.17	7.3	1.16